REQUIREMENTS & INSTRUCTIONS - MOTOR VEHICLE REPAIR DEALER

Access this form via website at: www.state.hi.us/dcca/pvl

ONE APPLICATION PER REPAIR FACILITY

File a separate application for each repair facility and pay separate fees.

FULL-TIME MECHANICS with APPROPRIATE SPECIALTIES

A repair facility business is limited to the specialties which you or your full-time mechanics employed hold a license for.

APPLICATION FORM

Complete this form to:

- 1) Apply as a new dealer or repair facility,
- 2) Apply as a new dealer or repair facility which has been bought from someone else.
- 3) Apply as an entity when owner was formerly a sole proprietorship,
- 4) Report a new business location,
- 5) For a salvage license, additional information available at Board's office.

Complete the application by printing legibly in dark ink or use a typewriter.

Failure to provide all requested information will delay the processing of your application.

ENTITY REGISTRATION: CORPORATION/PARTNERSHIP/ LLC OR LLP

If the applicant is a corporation, partnership, LLC or LLP submit the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. (Call them at (808) 586-2727 or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms etc.)

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, ATTACH a current "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, ATTACH a current "Certificate of Good Standing" or "Certificate of Qualification" issued not more than one year ago.

Make check payable to **COMMERCE & CONSUMER AFFAIRS**. Refer to the list on the application to determine which category of fee you need to pay. Then refer below to determine <u>when</u> you will receive your license and pay accordingly.

Category

| 1 | REPAIR DEALER If your license will be issued between July 1, odd-numbered years and June 30, even-numbered years, pay |
|---|---|
| 2 | SALVAGE DEALER If your license will be issued between July 1, odd-numbered years and June 30, even-numbered years, pay |
| 3 | SALVAGE Registration only for business that holds a Repair Dealer's license, pay\$30 |
| 4 | RELOCATION, pay\$10 |

^{*}Subject to renewal June 30, odd-numbered years, regardless of issue date.

If you are eligible for a license near the end of the second year of a two-year license period (within 3 months), you may elect to delay the issuance of your license until July 1, odd-numbered year, <u>provided</u> you do not intend to start practicing your trade or profession until the next license period.

(CONTINUED ON REVERSE SIDE)

FEES

FEES (Cont.)

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BOARD'S ADDRESS

Mail all required items to:

MOTOR VEHICLE REPAIR INDUSTRY BOARD DCCA, PVL, LIC. BR.

P.O. Box 3469 Honolulu, HI 96801 www.state.hi.us/dcca/pvl Deliver to office location at: 1010 Richards St., 1st Floor

Honolulu, HI 96813

Phone: (808) 586-3000

BOARD APPROVAL

All applications which are <u>complete</u> will be reviewed by the board at their monthly meeting, usually the first Thursday of each month. Upon approval, a license card and certificate are mailed to you.

LAWS & RULES

To obtain a copy of the motor vehicle repair laws, Chapter 437, HRS and rules, Chapter 87, HAR, send \$1.25 to *CASHIER*, *DCCA*, P.O. Box 541, Honolulu, HI 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢.

The rules are posted on our website at: www.state.hi.us/dcca/pvl, then click the specific board/program. The laws will be posted during the fall of 2001.

LICENSE RENEWAL

All motor vehicle repair licenses, regardless of issue date, are subject to renewal by June 30 of every ODD-numbered year. Notices are mailed to all current licensees approximately 6 weeks before the license expiration date. If you do not receive a notice, check with the board before the expiration date so your license can be renewed on time. Failure to renew your license shall constitute a forfeiture of the license.

ABANDONMENT OF APPLICATION

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

MOTOR VEHICLE REPAIR DEALER WITH SALVAGE

SALVAGE DEALER REGISTRATION

Anyone engaging in motor vehicle salvaging work is required to be registered as a motor vehicle repair dealer with the Motor Vehicle Repair Industry Board and maintain a salvage bond in the amount of \$25,000.

EIGHT AUTOMOTIVE SPECIALTIES

The dealer engaging in salvage work is required to hold or have in its employ full-time employees who hold all of the following automotive specialties:

AIR-CONDITIONING, AUTOMATIC TRANSMISSION, BRAKES, ELECTRICAL SYSTEM, ENGINE, FRONT SUSPENSION & WHEEL ALIGNMENT, STANDARD TRANSMISSION and TUNE-UP.

BOND

A bond of \$25,000 is required of the dealer performing salvage work. The bond form must be completed and signed by all parties before a notary public, then submitted to the board. Contact the Board for the form or you may download from our website: www.state.hi.us/dcca/pvl.

REGISTRATION OF VEHICLE

Registration of the <u>vehicle</u> is handled by the City and County of Honolulu Motor Vehicle Registration Division. Inquiries regarding vehicle registration should be directed to the Motor Vehicle Registration Division.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

| APPLICATION FOR LICENSE/RELOCATION/SALVAGE | | | | | | Board Ratificat | tion/Approval Da | te: | |
|--|--|----------------------------|---|------------------------------------|--|-----------------|------------------|-----------------------------------|--|
| MOTOR VEHICLE REPAIR DEALER | | | | | | Effective Date | | | |
| Read the attached requirements and instructions before completing this form. | | | | | | RD - | | | |
| Check the type of OPERATION: Check the type of BUSINESS ENTITY: | | | | NTITY: | | Relocation Only | | | |
| [] Repair facility [] Individual (sole ov [] Corporation [] Limited Liability Co [] Limited Liability Pa | | | on []Partnership bility Company | | OFFICE USE | | • | | |
| Check the | type of APPLICATION being r | | | | OFF | | | | |
| CATEGOR [] NEW LICENSE for business that was NOT owned by anyone else before: | | | RY | FOR | | | | | |
| owne | LICENSE for business that we by someone elseed by former owner and trade n | | 1 | | | | | | |
| dba | | | | | | | | | |
| | License no. of Name former owner RD - | | | Name of Ap | pplicant (Individual - First, Middle, LAST Corporation/Partnership/LLC/LLP) | | | | |
| | | | | | | | | | |
| NEW LICENSE for business that presently holds another RD License No | | | | Trade Name (if any) | | | | | |
| [] NEW LICENSE and also applying for SALVAGE registration | | | Business Address (Include City, State & Zip Code) | | | | | | |
| [] SALVAGE registration only for business that already holds a dealer's license | | | Is the business address listed zoned for business? YES NO Mailing Address, only if different from business address: | | | | | | |
| [] RELOCATION of business with the same owner 4 Dealer License No. RD - | | | | | | | | oo address. | |
| From: | | | | Social Security No. Business Phone | | | | ss Phone | |
| S: XTIFIED ho will be iy. | Name of Lice Mechanic in charge of this fa | ensed Mechanics acility | | Specialties | licens | ed in Li | cense No. | Is mechanic a full-time employee? | |
| MECHANIC EMPLOYEES owing information on CER STERED MECHANICS wr vorking at this repair facility | Other employed mechanics | | | | | | | | |
| CHANIC E | | | | | | | | | |
| MECHANIC EMPLOYEES: Give the following information on CERTIFIED or REGISTERED MECHANICS who will be working at this repair facility. | | | | | | | | | |
| (CONTINUED ON REVERSE SIDE) | | | | | | | | | |

| Appl | 395 | \$ | 10/\$30 |
|-------------|-----|-----|----------|
| Lic | 398 | \$1 | 00 |
| CRF | C13 | \$ | 55/\$110 |
| ½ Ren | 390 | \$ | 50 |
| Reloc | 394 | \$ | 10 |
| Salv | 395 | \$ | 10 |
| Service Fee | BCF | \$ | 15 |

| AR | E YOU AWARE THAT | : | | | | | | | |
|------|--|--|------------------------|--|----------|----------|--|--|--|
| 1. | Your license would be subject to renewal on or before June 30 of each odd-numbered year? | | | | | | | | |
| 2. | You must notify the board within 30 days if the business is terminated or if business entity changes (individual to entity, entity to individual)? | | | | | | | | |
| 3. | | | | ics hold a license for? | YES | NO NO | | | |
| | | · , | • | | | | | | |
| Ind | icate TYPE of REPAIR | R WORK this repair facility location v | vill engage in by circ | ling numbers: | | | | | |
| | A1 | Engine Repair | T1 | Gasoline Engines | | | | | |
| | A2 | Automatic Transmission/Transaxle | T2 | Diesel Engines | | | | | |
| | A3 | Manual Drive Train and Axles | Т3 | Drive Train | | | | | |
| | A4 | Suspension and Steering | T4 | Brakes | | | | | |
| | A5 | Brakes | Т5 | Suspension and Steering | | | | | |
| | A6 | Electrical/Electronic Systems | Т6 | T6 Electrical/Electronic Systems | | | | | |
| | A7 | Heating and Air Conditioning | Т7 | Heating, Ventilation, and Air Conditioning | | | | | |
| | A8 | Engine Performance | Mot | orcycle & Motor Scooter | | | | | |
| | | | | | | | | | |
| refu | | nat the answers and statements in this a pocation of license and is a misdemeano | | d correct. I understand that misrepresentation i dawaii Revised Statutes). (Print name of applicant, president, etc.) | s ground | ds for | | | |
| | | | | Signature of Applicant | | | | | |
| | | | Title | | | | | | |
| | | | Date | | | | | | |